



219135  
2006-38-C

September 14, 2009

Public Service Commission of South Carolina  
P.O. Drawer 11649  
Columbia, South Carolina 29211

RE: 2006-38-C- Utility Representative

Dear Sirs,

The previous document was sent with the wrong company name, Telquest Communications. Please see the document included with the correct company name, TQC Communications Corp. Thank you.

Sincerely,

A handwritten signature in black ink that reads 'Buddy Pack'. The signature is written in a cursive, slightly stylized font.

Buddy Pack  
President

RECEIVED

SEP 16 2009

PSC SC  
DOCKETING DEPT

3000 Immokalee Rd. / Suite 1 / Naples, FL 34110  
Telephone (239) 513-1811 / Fax (239) 513-1808  
1-800-643-4616  
[www.tqcc.com](http://www.tqcc.com)

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE: ☒ IXC      ☐ CLEC      ☐ ILEC      ☐ Wireless

**CERTIFICATED COMPANY INFORMATION**

**TQC Communications Corp.** \_\_\_\_\_

Company Name

**TQC Communications Corp.** \_\_\_\_\_

239-513-1811

Dba/fka

Telephone #

3000 Immokalee Rd. Suite #1

Mailing Address

Naples, FL 34110

City, State, Zip Code

Same

Business Location

Collier

City, State, Zip Code

County

**REGISTERED AGENT INFORMATION**

Registered Agent: Buddy Pack

Mailing Address: Same as above

City, State, Zip Code

**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:**

A. Buddy Pack  
**General Manager** (Include Address if different than above)  
239-513-1811 / 239-513-1808 / bpack@tqcc.com  
 Telephone Number / Facsimile Number / E-mail Address

B. Buddy Pack  
**Customer Relations/Complaints Representative** (Include Address if different than above)  
Same /  
 Telephone Number / Facsimile Number / E-mail Address

C1. Buddy Pack  
**Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)  
Same /  
 Telephone Number / Facsimile Number / E-mail Address  
1-800-643-4616

C2. **Customer Contact** (Toll Free Number)

D. Engineering Operations (Include Address if different than above)  
/  
 Telephone Number / Facsimile Number / E-mail Address

E. **Test and Repair** (Include Address if different than above)

\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)

1-800-643-4616 / \_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

Buddy Pack  
G. **Regulatory Officer** (Include Address if different than above)  
Same / \_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

H. **Dual Party Mailings** (Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

I. **Interim LEC Fund Mailings** (Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

J. **Universal Service Fund Mailings** (Name)  
Same  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

K. **Gross Receipts Mailings** (Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

Buddy Pack  
**This form was completed by** \_\_\_\_\_  
President \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Signature** \_\_\_\_\_  
9/10/09  
**Date** \_\_\_\_\_

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211  
And  
Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201